

Genesee County Friend of the Court Address:  
110 Bea Street Suite 1 Flint , MI 48555

Telephone No. (810) 222-3333

TO: **JOHN DOE  
999 CROWFLIES RD  
FANCYVILLE, MI 48888**

1. Date of Mailing: November 29, 2010
2. As of the above date, you owe \$16,506.45 for support which is past due.
3. Knowing your rights and responsibilities under your Circuit Court Family Division Order will aid you in working with the court, the Friend of the Court and with the other parent or custodian. Please be advised that the court can amend its orders for custody, support, and parenting time. To ensure that you receive all refunds, notices and orders in your case, you must update your address and employment information with the Friend of Court whenever it changes.
4. Enforcement Remedies: Enforcement remedies are available to collect support. Enforcement remedies include the following:
  - a. All payers are subject to income withholding unless otherwise ordered by the court, including withholding from bonuses or other lump sum payments.
    - 1) Amounts are withheld to pay current support and arrearages.
    - 2) Repayment of arrearages may be adjusted by the Friend of the Court without a prior hearing.
    - 3) The income withholding notice is sent to your current employer (or other "source of income") and any future employers. It is also sent to the Michigan Bureau of Worker's and Unemployment Compensation (the State unemployment agency) to withhold appropriate sums should you receive State benefits.
  - b. A court may order surcharge be added to past-due support.
  - c. If you do not pay support as ordered, the court may order you to appear and explain why you should not be held in contempt of court for failure to pay. (This is called an "Order to Show Cause"). If the court finds that you are in contempt, it can punish you by putting you in jail.
  - d. If your arrearage exceeds two months' obligation, the amount of the arrearage will be reported to credit reporting agencies unless you pay the entire arrearage or request a hearing within 21 days after the date of the notice.
  - e. If your arrearage exceeds two months' obligation, your driver's license, occupational, sporting, and recreational licenses may be suspended. A suspension order may be entered and sent to the licensing agency unless you pay the arrearage or request a hearing within 21 days after the date of the notice.
  - f. Liens exist by operation of law against your real and personal property, including your financial accounts, whenever you have a support arrearage. Your property can be encumbered or seized if your arrearage exceeds two months' obligation.
  - g. If your arrearage is \$150 or more, your tax refund will be taken and applied to your arrearage.
  - h. If your arrearage is \$2,500 or more, your passport can be denied or revoked.
  - i. Your name and arrearage can be published or posted on the Internet.
  - j. If you have an arrearage, your lottery winnings can be taken.
  - k. If you are required to maintain health care coverage, your employer will be sent a notice to enroll the child(ren).
  - l. Federal and Michigan criminal laws provide that under certain conditions it is a felony to fail to pay support.
5. Right to Review: You may request a review to contest an enforcement action. If an enforcement action is taken against you, carefully review the paperwork to determine how to contest the action. You can also contact the Friend of Court for more information on how to request a review.
6. Modification of an Order: If you think the amount of support or parenting time should be changed, you may file a petition with the court to change the order. Form motions are available at the Friend of the Court. You may also request that the Friend of the Court review your support every three years to determine if it should be changed.
7. Other information:

- a. PAYMENT INFORMATION REGARDING YOUR ACCOUNT IS AVAILABLE 24 HOURS PER DAY AT 810-222-0000.
  - b. WORK FIRST or other employment programs may be available through the Friend of Court. Call for further information.
  - c. If you have security concerns, contact the Friend of the Court about protecting your address.
  - d. Federal law provides protection for at-risk parents and children. A note can be put on the Friend of the Court records to alert child support workers of the risk of violence. Non-disclosure orders may be required to prevent access to court records by the opposing party and counsel. State law provides for Personal Protection Orders (PPOs).
8. Reporting Changes in Address/Name, Health Care Coverage, and Employment
- a. Parents and custodians must report address changes for themselves and their children to the Friend of the Court in writing, as required by statute and court order.
    - 1) If you or a member of your household have a FIS/ES case, please advise your worker of the move. Your assigned worker may change.
    - 2) When you submit an address update, it will update all Friend of the Court cases in this and all other Michigan Courts, records of the Office of Child Support (if you have records there), and any cases pending in the Prosecutor's Office of any County unless you attach an explanation why the address should be restricted to one case.
    - 3) If you do not update your address with the Friend of the Court, you might not receive refunds or important notices and orders. Enforcement on your case will continue even if your address is unknown.
  - b. Both parents must report the name, address, and telephone number of a new employer to the Friend of the Court in writing.
  - c. Both parents must report changes in Health Care coverage to the Friend of the Court in writing.
  - d. Use the attached form to report these changes.

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this document to the parties by first class mail addressed to their last known addresses as defined by MCR 3.203.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**CHANGE OF INFORMATION FORM**

Use this form to report changes of address/name; change of employer; or change of health care coverage. Always complete the "Identification Section" and sign and date the bottom of the form.

**A. IDENTIFICATION SECTION:**

Case numbers: \_\_\_\_\_

Friend of the Court: \_\_\_\_\_

Court: \_\_\_\_\_

FIA: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**B. CHANGE OF ADDRESS/NAME SECTION:**

New Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Effective date of move: \_\_\_\_\_

List all members of your household (including placements) and indicate whether each person is moving with you, or will be residing at an address different from your new address. Please specify residence addresses for each household member who will be staying at an address different from your own new address. (Please list any additional household members on a second sheet of paper and attach it to this form).

Name	Moving with me (yes or no)	If not moving with me, the address where the person will be living- PRINT the full address

How should courts and agencies get in touch with you during transition while phone and a mailing address may be temporarily unavailable? \_\_\_\_\_

Residential address if different from mailing address: \_\_\_\_\_

**C. CHANGE OF EMPLOYER SECTION**

Name of new employer \_\_\_\_\_ Started on \_\_\_\_\_

Address of new employer \_\_\_\_\_ Phone No. \_\_\_\_\_

D. CHANGE OF HEALTH CARE COVERAGE SECTION

Name of new health care provider \_\_\_\_\_ Effective on \_\_\_\_\_

Identification numbers \_\_\_\_\_

Address and phone of provider \_\_\_\_\_

I HAVE READ AND UNDERSTOOD THE ATTACHED NOTICE OF RIGHTS AND RESPONSIBILITIES.  
I VERIFY THAT I AM PROVIDING COMPLETE AND ACCURATE INFORMATION ON THIS FORM.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_